

EXAMPLE 7

NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

XYZ CONVALESCENT CENTER
ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
ANYWHERE NC 22222

PROVIDER NUMBER 7899999										REPORT SEQ. NUMBER 17										DATE 07/06/1999										PAGE 2									
NAME				SERVICE DATES				DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES																						
RECIPIENT				FROM		TO																																	
ID				MM	DD	CCYY	MM											DD	CCYY																				
ADJUSTED CLAIMS																																							
INPATIENT ADJUSTMENT																																							
BARNES LARRY D CO=43 RCC= CLAIM NUMBER=971999183001888 **ADJ**CREDIT TO 251999100300888 ATTN PROV=																																							
988888888A 10011998 10061998 6 B W8254 ACH/PC SERVICES; BASIC + EA 12550 00 12550 00 12550 00 12550- 9612																																							
86 ADJUSTMENT OF CLAIM 251999104300400 MED REC=1530																																							
DEDUCTIBLE= .00 PAT LIAB= .00 CO PAY= .00 TPL= .00 12550 00 12550 00 12550 00 12550-																																							
CLAIMS INPATIENT ADJUSTMENT ***** 00 00 00 12550- 12550 12550 12550-																																							
****--> TOTAL ADJUSTED CLAIMS CLAIMS 00 00 12550 12550- 12550																																							

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant